

Rec'd PCT/PTO 14 DEC 2004



REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only	
International Application No.	10/517826
International Filing Date	
Name of receiving Office and "PCT International Application"	
Applicant's or agent's file reference (if desired) (12 characters maximum)	31023W0

Box No. I TITLE OF INVENTION	
A method of broadcasting television quality programming in real time	
Box No. II APPLICANT	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
STEWART Patrick 23 Northumberland Plcae Dublin 4 Ireland	
<input checked="" type="checkbox"/> This person is also inventor.	
Telephone No.	
Facsimile No.	
Teleprinter No.	
State (that is, country) of nationality: IE	State (that is, country) of residence: IE
This person is applicant for the purposes of: <input checked="" type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
DEEGAN Niall 69 Gandon Hall Gardiner Street Dublin 1 Ireland	
This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)	
State (that is, country) of nationality: IE	State (that is, country) of residence: IE
This person is applicant for the purposes of: <input checked="" type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
O'CONNOR Donal H SCHUTTE Gearoid of CRUICKSHANK & CO., 1 Holles Street, Dublin 2, Ireland	
Telephone No. (+353-1-) 6612533	
Facsimile No. (+353-1-) 6612480	
Teleprinter No.	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Form PCT/RO/101 (first sheet) (July 1998)

See Notes to the request form

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Continuation of Box No. **FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)**

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

McCARTHY Fergus
23 Glenayle Road
Raheny
Dublin 5
Ireland

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

IE

State (that is, country) of residence:

IE

This person is applicant for the purposes of:

- ☒ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

FEE Lawrence
3 Templeroan Close
Templeogue
Dublin 16
Ireland

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

IE

State (that is, country) of residence:

IE

This person is applicant for the purposes of:

- ☒ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

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☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- ☒ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☒ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ EP European Patent: AT Austria, BE Belgium, CH & LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> AE United Arab Emirates | <input checked="" type="checkbox"/> GE Georgia | <input checked="" type="checkbox"/> MW Malawi |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda | <input checked="" type="checkbox"/> GH Ghana | <input checked="" type="checkbox"/> MX Mexico |
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> GM Gambia | <input checked="" type="checkbox"/> MZ Mozambique |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> NO Norway |
| <input checked="" type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> NZ New Zealand |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> IN India | <input checked="" type="checkbox"/> RO Romania |
| | <input checked="" type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> JP Japan | |
| <input checked="" type="checkbox"/> BG Bulgaria | <input checked="" type="checkbox"/> KE Kenya | <input checked="" type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | <input checked="" type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> BZ Belize | <input checked="" type="checkbox"/> KR Republic of Korea | <input checked="" type="checkbox"/> SI Slovenia |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> KZ Kazakhstan | <input checked="" type="checkbox"/> SK Slovakia |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> LC Saint Lucia | <input checked="" type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> LK Sri Lanka | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> CO Colombia | <input checked="" type="checkbox"/> LR Liberia | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> CR Costa Rica | <input checked="" type="checkbox"/> LS Lesotho | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> LT Lithuania | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input checked="" type="checkbox"/> LU Luxembourg | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> DE Germany & Utility Model | <input checked="" type="checkbox"/> LV Latvia | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> DK Denmark & Utility Model | <input checked="" type="checkbox"/> MA Morocco | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> DM Dominica | <input checked="" type="checkbox"/> MD Republic of Moldova | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> DZ Algeria | <input checked="" type="checkbox"/> MG Madagascar | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> EE Estonia | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> MN Mongolia | <input checked="" type="checkbox"/> YU Yugoslavia |
| <input checked="" type="checkbox"/> FI Finland | | <input checked="" type="checkbox"/> ZA South Africa |
| <input checked="" type="checkbox"/> GB United Kingdom | | <input checked="" type="checkbox"/> ZW Zimbabwe |
| <input checked="" type="checkbox"/> GD Grenada | | |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

- ☒ EC Ecuador
- ☒ EQ Equatorial (Guinea)
- ☒ TN Tunisia
- ☒ PH Philippines
- ☒ OM Oman
- ☒ ZM Zambia

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Box No. VI. PRIORITY		Further priority claims are indicated in the Supplemental Box.		
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application: regional Office	international application: receiving Office
item (1)				
item (2)				
item (3)				

☐ The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s):

* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA /

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year) Number Country (or regional Office)

Box No. VIII CHECK LIST; LANGUAGE OF FILING

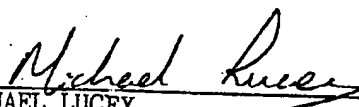
<p>This international application contains the following number of sheets:</p> <p>request : 04</p> <p>description (excluding sequence listing part) : 29</p> <p>claims : 12</p> <p>abstract : 01</p> <p>drawings : 07</p> <p>sequence listing part of description :</p> <p>Total number of sheets : 53</p>	<p>This international application is accompanied by the item(s) marked below:</p> <p>1. <input checked="" type="checkbox"/> fee calculation sheet</p> <p>2. <input type="checkbox"/> separate signed power of attorney</p> <p>3. <input type="checkbox"/> copy of general power of attorney; reference number, if any:</p> <p>4. <input type="checkbox"/> statement explaining lack of signature</p> <p>5. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s):</p> <p>6. <input type="checkbox"/> translation of international application into (language):</p> <p>7. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material</p> <p>8. <input type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form</p> <p>9. <input type="checkbox"/> other (specify):</p>
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Figure of the drawings which should accompany the abstract: Fig 1

Language of filing of the international application: English

Box No. IX SIGNATURE OF APPLICANT OR AGENT

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).


 MICHAEL LUCEY
 CRUICKSHANK & CO
 Authorised Signatory before the Receiving Office

1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA /	
6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid.	

Date of receipt of the record copy by the International Bureau: For International Bureau use only